

El Cajon Business Grant Application

Business Name		
Business Street Address		
City	State	Zip
Phone	Cell	Email
Fax	Tax ID/SSN	
Business License Number	Expiration Date	Date Business Established
Is your business a franchise of a corporation or an affiliate of a national chain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name	Owner Home Address	
Owner Home Phone	Owner Cell Phone	

Ownership & Business Structure

- ☐ Sole Proprietor ☐ Corporation ☐ Professional Corporation
☐ LLC (Limited Liability Company) ☐ LLP (Limited Liability Partnership)
☐ General Partnership ☐ Limited Partnership ☐ Other

Shared Ownership / Affiliate Businesses (Attach additional sheet if necessary)

	Full Legal Name	Title	Ownership Interest
1.			%
2.			%

Do you own multiple businesses? ☐ Yes ☐ No (If yes, provide company name(s), address, description, and your relationship to the business.)

Grant Request Qualifications & Details

Is the business located within El Cajon? ☐ Yes ☐ No Does the owner reside in San Diego County? ☐ Yes ☐ No

of Employees on 1/1/2020: _____ # of employees on 3/1/2021, if any? _____

Was your business in violation of any zoning, building or code violations on March 1, 2021? ☐ Yes ☐ No

Select Program Option(s) Below. (May be combined for a maximum award of \$15,000)

<input type="checkbox"/> Option A - Employee Hiring Program Select the amount you are seeking <input type="checkbox"/> \$5,000 (1 employee hired) <input type="checkbox"/> \$10,000 (2 employee hired) <input type="checkbox"/> \$15,000 (3 employee hired) Next: Complete Page 2 for Option A		<input type="checkbox"/> Option B - Capital Improvement Program This option will REIMBURSE up to \$15,000 for capital investments and enhancements to businesses. Complete page 3 of the application and put the total reimbursement request in the box below. Enter total estimated reimbursement request (from bottom of page 3): \$ _____
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Please provide the following (ALL items must be included for application to be considered) :

- 1.) Copy of Business Owner's Driver license or residency ID Attached? ☐ Yes ☐ No
- 2.) Copy of business license issued by the City of El Cajon Attached? ☐ Yes ☐ No
- 3.) W-9 IRS Form Attached? ☐ Yes ☐ No <https://w9form-online.com>
- 4.) State of CA EDD Form DE-34 for each employee (Option A) Attached? ☐ Yes ☐ No ☐ n/a https://edd.ca.gov/pdf_pub_ctr/de34.pdf
- 5.) DE-34 confirmation from State for each employee (Option A) Attached? ☐ Yes ☐ No ☐ n/a
- 6.) Completed Scope of Work / Pre-Approval on pg 3 (Option B) Attached? ☐ Yes ☐ No ☐ n/a

Declarations & Signature

- ☐ I have attached all applicable documents requested in the preceding section (Items #1-6).
☐ I understand that the maximum total award is \$15,000 and my business may not receive more than this amount.
☐ I understand that as a condition of Option A, the City of El Cajon will conduct audits periodically to verify new employee status.
☐ I understand that the maximum reimbursement for Option B is \$15,000 and any expenses above this amount will not be considered.
☐ I authorize the City of El Cajon to release information as is required to ensure compliance and for auditing purposes.
☐ I declare that the information provided in this application is true and correct.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

☐ By checking this box and typing my name above, I am electronically signing my application.

Submit the completed application, with attachments, to BusinessGrant@cityofelcajon.us no later than

Tuesday August 3, 2021 at 5:30pm.

El Cajon Business Grant Application - Page 2****Only complete Page 2 for Option A****

The California Employment Development Department (EDD) requires that all California employers report all new employees to the New Employee Registry, using Form DE-34, within 20 days of the start-of work date, which is the first day of work.

[Link to California EDD Page](#)[Link to Form DE-34](#)

Instructions: Complete this form for each employee hired between 3/1/21 and 8/3/21. If businesses hire employees separately, this form may be submitted again at a future date the new employee's information.

(Example: An employer hires 1 employee on June 1 and applies for and receives \$5,000. The employer then hires another employee on July 1. The employer may submit Page 2 of this application with the new employee's information to apply for an additional \$5,000.)*

**Subject to available funds*

Employee #1 Contact Information

Business Name:		
Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation:		

Employee #2 Contact Information

Business Name:		
Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation:		

Employee #3 Contact Information

Business Name:		
Full Name (Print):		
Address:		
City:	State:	Zip:
Cell Phone #:	Email:	
Date Applied:	Date Hired:	
California EDD DE 34 Confirmation:		

El Cajon Business Grant Application - Page 3 (Option B)

SCOPE OF WORK / PRE-APPROVAL

Instructions: Use this worksheet to describe—in detail—the purchases and/or enhancements you plan for your business using this **reimbursement** grant (max \$15,000). Once submitted, the City will review the details of each item and approve those which will be reimbursed. Please be advised that some projects require permits from the City, these costs will be reimbursed as part of the grant (not to exceed the grant maximum). Exterior/facade improvements, vehicle enhancements, and similar investments require plan details. Supporting documents should provide cost details for FF&E and/or any projects.

You will receive a response within seven (7) days from the City.

A response from the City will detail what has been approved, any comments, as well as any special instructions (i.e. permits requirements). Once you receive a response, you will be guaranteed for reimbursement on what has been approved by the City.

Reimbursement Process: Submit all receipts and supporting documentation once work has been completed and/or all items have been purchased. Supporting documentation includes all applicable receipts, copies of plans, permit documentation, vehicle information, photos of project completion, etc. All documentation must be submitted on one single email.

Only one (1) payment will be issued for reimbursement.

Reimbursement will be issued promptly once all supporting documents have been confirmed.

Capital Improvement(s) Descriptions (Attach additional sheet if needed)

Business Name: **Business Owner:**

1.)

Estimated total for description 1: \$

2.)

Estimated total for description 2: \$

3.)

Estimated total for description 3: \$

TOTAL ESTIMATED REQUEST FOR GRANT OPTION B: \$

For Office Use Only

Reviewer:

Approved? 1.) ☐ Yes ☐ No 2.) ☐ Yes ☐ No 3.) ☐ Yes ☐ No

Permit Required? ☐ Yes ☐ No *If yes, detail in response email*

Signature:

Date: